



## BEDFORD POLICE DEPARTMENT

165 Center Road, Bedford, Ohio 44146

Phone 440-232-1234

Fax 440-439-1310

Greg Duber  
Chief of Police

### Pre-Employment Inquiry Release Form - #1

**In connection with my employment (including contract for services) with you, I understand that investigative background inquiries are to be made of myself including consumer, criminal, driving and other reports.**

**These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers.**

**Further, I understand that you will be requesting information from various Federal, State and other Agencies, which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving the files of insurance companies.**

**I authorize, without reservation, any Party or Agency contacted by this employer to furnish the above mentioned information:**

Print Full Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ State: \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

Prospective Employer: City of Bedford, Division of Police

*\*\* Date of Birth is being requested in order to obtain accurate retrieval of records.*



*Greg Duber*  
Chief of Police

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### Applicant Information Release Form - #2

I, \_\_\_\_\_, residing at \_\_\_\_\_,

**Applicants name**

**Applicants Address**

have applied for employment with the Bedford Police Department, I have been advised, and am fully aware that a representative of the Bedford Police Department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that in conducting this background investigation, officers will be making inquiries of: officials and record offices at schools which I have attended. Physicians and/or persons that have examined or treated me for any physical or other type of illness or injury; Police or Courts with whom I may have an arrest or conviction record; credit bureaus and/or firms who may have information regarding my credit record and/or financial/standing; present and previous employers; and any other persons who may be able to provide information about me which the Bedford Police Department desires, including but not limited to, federal, state, school district, and city income tax returns and or information.

I hereby give my permission and waive all provisions of law forbidding any Physician or other person who has attended me, or any school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning myself which is requested by the Bedford Police Department, or his representative, be provided with a copy of any such record concerning myself, which they may desire.

I recognize the right of the Bedford Police Department to treat, at its discretion, certain sources as confidential, and its right to withhold from my agent or I, the names of such confidential, sources, and information obtained there from.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Print Full Name \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Phone Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell/Pager (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Prospective Employer

The City of Bedford, Division of Police

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### Bureau of Criminal Identification and Investigation Form - #3

I certify that I have given the BEDFORD POLICE DEPARTMENT permission to seek a copy of my arrest and/or conviction record from the Bureau of Criminal Identification and Investigation, London, Ohio.

I do hereby release the State of Ohio Bureau of Criminal Identification and Investigation and all individuals connected therewith from all liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Record of \_\_\_\_\_ Alias/Maiden Name \_\_\_\_\_  
Full Name

Present Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Agency Requesting Record:	City of Bedford, Division of Police
Address:	165 Center Road
City, State, Zip Code:	Bedford, Ohio 44146

Signature of Agent Making This Request

\_\_\_\_\_  
Name of Police Official

\*\* The Bedford Police Department assumes responsibility for maintaining the confidentiality of this report